STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	004376	A. BUILDING _____ B. WING _____	R 01/09/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHIELDS HOUSE	2288 NICHOLAS CT SEYMOUR, IN 47274

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the PSR completed on 11-2-12 to the PSR completed on 8-23-12 to the State Residential Licensure Survey completed on 5-31-12. Survey date: January 9, 2013 Facility number: 004376 Provider number: 004376 AIM number: N/A Survey team: Penny Marlatt, RN Census bed type: Residential: 31 Total: 31 Census payor type: Other: 31 Total: 31 Sample: 4 Shields House was found to be in compliance with 410 IAC 16.2 in regard to the PSR to the PSR to the PSR to the State Licensure Survey. Quality review 1/14/13 by Suzanne Williams, RN	{R 000}		